# UNITED STATES DISTRICT COURT

	for the		
1	District of		
	Division		
Allen L St. Charles	) Case No. 21CVI33 (to be filled in by the Clerk's Office)		
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) ) )		
~ <b>V</b> ~	RECEIVED		
See Attached	SEP 2 3 2021		
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)	CLERK, U.S. DISTRICT COURT FOR THE WESTERN DISTRICT OF PENNSYLVANIA		
	old OLATION OF CIVIL RIGHTS ner Complaint)		
	NOTICE		
electronic court files. Under this rule, papers filed w security number or full birth date; the full name of a	rivacy and security concerns resulting from public access to with the court should <i>not</i> contain: an individual's full social person known to be a minor; or a complete financial account its of a social security number; the year of an individual's financial account number.		
Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.			
forma nauneris	companied by the filing fee or an application to proceed in		
The inquity to the case wer teer	form took 2 weeks to get		

Pro Se 14 (Rev.	12/16) Com	plaint for Violation	on of Civil Rights	s (Prisoner)
-----------------	------------	----------------------	--------------------	--------------

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff	named in the complaint.	Attach additional pages if
needed.	•	

Name	Allen	St. Che	rles_		_
All other names by which					
you have been known:					
ID Number	01939	45			
Current Institution	ACJ				_
Address	950	Ind	Ave.		
	Pittsburgh		PA	15219	
	$C_{itv}$		State	Zip Code	

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	4
Name	See Attached
Job or Title (if known)	
Shield Number	
Employer	ACJ
Address	950 2nd Ave.
	PCH PA 15219
	City State Zip Code
Defendant No. 2 Name	
Job or Title (if known)	
Shield Number	
Employer	
Address	
	City State Zip Code
	Individual capacity Official capacity

## 

	Defendant No. 3	
	Name	
	Job or Title (if known)	
	Shield Number	·
	Employer	
	Address	
		City State Zip Code
		Individual capacity Official capacity
	Defendant No. 4	
	Name	
	Job or Title (if known)	
	Shield Number	
	Employer	•
	Address	
		City State Zip Code
		Individual capacity Official capacity
Basi	s for Jurisdiction	
imm <i>Fede</i>	unities secured by the Constitution a	ate or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 888 (1971)</i> , you may sue federal officials for the violation of certain
A.	Are you bringing suit against (ch	neck all that apply):
	Federal officials (a Bivens of	claim)
	State or local officials (a §	1983 claim)
B.	the Constitution and [federal law	ging the "deprivation of any rights, privileges, or immunities secured by vs]." 42 U.S.C. § 1983. If you are suing under section 1983, what y right(s) do you claim is/are being violated by state or local officials?
	See Litter	ihed
C.		ay only recover for the violation of certain constitutional rights. If you nstitutional right(s) do you claim is/are being violated by federal

Page 3 of 11

D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
Pric	oner Status
	cate whether you are a prisoner or other confined person as follows (check all that apply):  Pretrial detainee
	Civilly committed detainee
	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
State	ement of Claim
	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ed wrongful action, along with the dates and locations of all relevant events. You may wish to include er details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain
furth any c	ment of each claim in a separate paragraph. Attach additional pages if needed.
furth any c	ment of each claim in a separate paragraph. Attach additional pages if needed.  If the events giving rise to your claim arose outside an institution, describe where and when they arose
furth any c state	
furth any c state	

## Case 2:21-cv-01133-MPK Document 12 Filed 10/13/21 Page 5 of 10

	What date and approximate time did the events giving rise to your claim(s) occur?
	See Attached
D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what Was anyone else involved? Who else saw what happened?)
	-
	See Attacheel
Injurie	es
	sustained injuries related to the events alleged above, describe your injuries and state what medical ent, if any, you required and did or did not receive.

See Attached + Competent Mental Health Care Fram an outside source without being punished for it

## VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	ACJ
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	☐ No
	Do not know
	If yes, which claim(s)?
	All

Рго

	/16) Complaint for Violation of Civil Rights (Prisoner)
	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	☐ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No
•	If you did file a grievance:
	1. Where did you file the grievance?
	ACJ
	2. What did you claim in your grievance?
	- Mary Grievances See attached from Claim  3. What was the result, if any?
	threads, harrassment, ridicule, deliberate
	threats, harrassment, vidicule, deliberate endangerment

response

VIII.

F. If you did not file a grievance:
I didn't file any grievance about the Mental Health part of the compleint because I have seen mental health "Care" used a punishment often in this facility—the grands also beat the med invertes basically at will—I asked my afformey over a year go to me seen by an outside provider—she provised to but I haven't seen by yet—the social worker emailed the Juil to have me seen, but in it months I've seen anyone with a brist.  2. If you did not file a grievance but you did inform officials of your claim, state who you informed, to when and how, and their response, if any:  Social Marker Laura Staner  Public Desender Elizabeth Latagian
G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.  Please subpeans and review my digital regrests.  the GTL tablets on the Requestlink app - there are currently the total, but the enriest are most important, espessial 21-00000836, 21-00000843, and 21-00005632  (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
Previous Lawsuits
The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).
To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
Yes
∑¹No
If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

## 

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Hav actio	re you filed other lawsuits in state or federal court dealing with the same facts involved in this on?
	Yes
	No
If yo	our answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	Yes
	No
	If no, give the approximate date of disposition.
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
Hav	ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	in the dismissal of my case.			
	Date of signing: 6/10	/2021		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Allen J. St. Charl  0193945  950 2nd Ave.  Pittsburgh  City	25 PA State	15219 Zip Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			<u> </u>
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			
	2 man radios			